

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
153501-0321

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,873,235, granted February 23, 1999, and for which a reissue patent is sought on the invention entitled Liquid Fuel Pressurization and

Control Method

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
153501-0321

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)	Registration Number
Robert Popa 43,010	Paul Backofen 42,278
Norman E. Brunell 26,533	Raj Sardesai 39,825

Correspondence Address: Direct all communications about the application to:

☐ Customer Number → Place Customer Number Bar Code Label here
Type Customer Number here

<input checked="" type="checkbox"/> Firm or Individual Name	Irell & Manella, LLP				
Address	1800 Avenue of the Stars				
Address	Suite 900				
City	Los Angeles	State	CA	Zip	90076
Country	USA				
Telephone	3310/277-1010	Fax	310/203-7199		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) Robert W. Bosley					
Inventor's signature			Date		
Residence Cerritos, California			Citizenship US		
Mailing Address 18104 Hoffman Avenue, Cerritos, CA 90701					
Full name of second joint inventor (given name, family name) Edward C. Edelman					
Inventor's signature			Date		
Residence Agoura Hills, California			Citizenship US		
Mailing Address 30406 Passageway Place, Agoura Hills, CA 91301					
Full name of third joint inventor (given name, family name) Steven W. Lampe					
Inventor's signature			Date		
Residence Thousand Oaks, California			Citizenship US		
Mailing Address 202 Ramble Ridge, Thousand Oaks, CA 91360					
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.					

Additional joint inventor:

Full name of fourth joint inventor (given name, family name): Ronald F. Miller

Inventor's signature _____ Date _____

Residence: Marina del Rey, California Citizenship: US

Mailing address: 24 Yawl Street, No. 6, Marina del Rey, CA 90292

0978887 024304
100720 268260

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 153501-0321
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Capstone Turbine Corporation		
Patent Number 5,873,235	Date Patent Issued February 23, 1999	
Title of Invention Liquid Fuel Pressurization and Control Method		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>Capstone Turbine Corporation</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) Capstone Turbine Corporation		
Signature	Date	
Typed or printed name and title of person signing for assignee (if assigned) Jeffrey Watts, Chief Financial Officer		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.